REQUEST FOR AUTHORIZED VISA USER

Please note: There is a limit of 4 cardholders per account.

I _____ do hereby give my permission to
(Cardholder Name)

_____ (who is at least 18 years of age and a member of
(Authorized User Name)

Rockland Federal Credit Union) to be an authorized user of my Arise Financial Visa Account. Visa Card Number _____

I understand that I will be solely responsible for any charges made by the above mentioned Authorized User.

_____ _____
Cardholder Signature Date

_____ _____
Joint Cardholder Signature Date

_____ _____
Authorized User Signature Date

_____
*Authorized User Member ID #

_____
Cardholder Street Address

_____
City, State, Zip

*Everyone who receives, signs or uses a card issued under this agreement must be a Member of the Credit Union